Name In Full

Edwd Bidden

Certificate of Death

Died at Town Crapo County Dorchester MARYLAND

Date 1899 Month June Day 16 | Age Y. 10 M. 6 D. 4 | Native of Crapo | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Alfred Bidden

Mother's Name Amanda Bidding

Cause of Death: Primary Typhoid fever

~~Immediate~~

How long sick 17 days

~~Accident~~, Suicide, Homicide

Reported by R. J. Kirwan

Address Crapo

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79808

Name in Full

John Bloodsworth

Certificate of Death

Town: Bloodsworth I. County: Dorchester

Died at Bloodsworth I. Dorchester MARYLAND

Date 189 9 Month: Jun Day: 3 | Age Y. 94 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 2

~~Wife~~ Husband of Mary Bloodsworth

Father's Name | Mother's Name

Cause of Death: Primary old age 141 | How long sick 9 mo

Immediate | Accident, Suicide, Homicide

Reported by Wm H. Evans

Address Deal Island md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. no Dr.

of

Information contained in this certificate received from John Holloway

of Dorchester County

Seen by Coroner none

of

Name in Full | Certificate of Death

Augusta Dalby

Died at near Town Choptank County Dorchester MARYLAND

Date 1899 Month 6 Day 14 Age Y. 25 M. D. Native of Md. Occupation Housewife

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife J Dalby

Father's Name Wm. Ross Mother's Name

Cause of Death Primary Child-birth How long sick 5 days

Immediate Peritonitis 120 ~~Accident, Suicide, Homicide~~

Reported by J. R. Phillips

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65060

Name in Full: Charles Dockins

Certificate of Death

Died at — Town: Ariel — County: Dorchester — MARYLAND

Date 1899 — Month: 6 — Day: 8 — Age: Y. 60 M. D. — Native of: Dorchester — Occupation: Farmer

Male — ~~White~~ — Married — Widow — Divorced

~~Female~~ — Colored — Single — Widower — Number of children living

Husband of ~~Wife~~: Mary Dockins

Father's Name: Dan Kuvn — Mother's Name: O (?)

Cause of Death — ~~Primary~~ — Immediate: Poly-Neuritis (Chronic) — How long sick: 2 days — Accident, Suicide, Homicide

Reported by: A Sayers

Address: Salem Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Clara Hasting

Died at Town: Bishops, Head County: Rochester MARYLAND

Date 1899 Month: June Day: 13 | Age Y.: 35 M.: 7 D.: 6 | Native of: Salisbury | Occupation: seamstress

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife: John Hasting

Father's Name: Elijah Murph Mother's Name: Mary Murphy

Cause of Death: Primary: Heart Disease | How long sick: 18 mos

~~Immediate~~ | ~~Accident, Suicide~~, Homicide

Reported by: A. J. Kirwan

Address: Crapo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. E A P Jones

of Crapo

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full — Certificate of Death

Wilbour Clayton Henry

Town: near Secretary — County: Dorchester — MARYLAND

Died at — Month: June — Day: 19 — Y. 1 — M. 10 — D. 27 — Native of — Occupation

Date 189? — Age

Male — White — Married — Widow — Divorced

~~Female~~ — ~~Colored~~ — Single — Widower — Number of children living

Husband of

Wife

Father's Name: Jefferson D. Henry — Mother's Name: Margaret E. Newton

Cause of Death — Primary: Scalded — How long sick

Immediate: Shock — 1466 — Accident, Suicide, Homicide

Reported by: G. A. Haefner M. D.

Address: Hurlock — Dorchester Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Peter Hogan

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1899 Month: June Day: 7

Age Y. 88 M. — D.

Native of: Ireland

Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced ~~Number of children living~~ 0

Husband of Wife —

Father's Name —

Mother's Name —

Cause of Death: Primary: Old age.

How long sick

Immediate: Heart Failure.

Accident, Suicide, Homicide

Reported by Dr. Goldsborough

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

John Holland

Died at Town Salem County Dorchester Co MARYLAND

Date 1899 Month 6 Day 16 Age Y. 45 M. — D. Native of Maryland Occupation Laborer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name —

Mother's Name

Cause of Death { Primary Paralysis — Immediate

How long sick —

Accident, Suicide, Homicide

Reported by A. Sayers M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Emmanuel L. Horner

Certificate of Death

Died at Town: Cambridge County: Dorchester MARYLAND

Date 189 6 Month: June Day: 20 | Age Y. 4 M. D. | Native of: Dorchester Co | Occupation: ———

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ → Number of children living

Husband / Wife of ~~Purnell Horner~~

Father's Name: Purnel Horner

Mother's Name: Kate Horner

Cause of Death — Primary: Gastro-Enteritis — Immediate: Congestion of Brain

How long sick: 7 days

~~Accident, Suicide, Homicide~~

Reported by: B W Goldsborough

Address: Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]8

Name in Full

X

Hubbard

Certificate of Death

Died at Town Ragged Point County Dor. MARYLAND

Date 1899 Month June Day 7 | Age Y. 1/4 M. hour D. | Native of Dor. Co | Occupation infant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name S E Hubbard

Mother's Name Mary R Hubbard

Cause of Death: Primary Atelectasis (of lung)

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by S A Stokes m b

Address Cornersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full William Johnson

Certificete of Death

Died at Town Salem County Dorchester Co. MARYLAND

Date 189 Month June Day 5 | Age Y. M. D. | Native of | Occupetion

Mele ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name William Johnson Mother's ~~Name~~ Lenie Johnson

Cause of Death { ~~Primary~~ Consumption | Immediate

How long sick 6 months

~~Accident, Suicide, Homicide~~

Reported by Dr Sayers 8-25

Address

Must be signed by physician, if eny in ettendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Catherine Jones

Died at Town: Hawkeye — County: Dorchester — MARYLAND

Date 1899 — Month: 6 — Day: 23 — Age: Y. 19 M. — D. — Native of: Dorchester — Occupation: Home wife

~~Male~~ ~~White~~ Married ~~Widow~~ Divorced

Female Colored ~~Single~~ Widower Number of children living None

~~Husband~~ Wife of Moses Jones

Father's Name: John Burton — Mother's Name:

Cause of Death: Primary Consumption — 22a — How long sick: 4 months

Immediate Apnea — ~~Accident, Suicide, Homicide~~

Reported by: Geo T Jones

Address: East New Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full: Jno. Henry Kiah

Certificate of Death

Died at — Town: Cambridge — County: Dorchester — MARYLAND

Date 1899 — Month: 6 — Day: 18 — Age: Y. 45 M. 9 D. 11 — Native of: Maryland — Occupation: Gardenier

Male — ~~White~~ — ~~Married~~ — Widow — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband of Wife

Father's Name: Jno. Henry Kiah

Mother's Name: Violet Banks

Cause of Death — Primary: Carcinoma — Immediate: Asthenia

25 g

How long sick: 18 months

Accident, Suicide, Homicide

Reported by: S. Chase de Krafft

Address: Cambridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full: Goldy LeCompte

Certificate of Death

Died at — Town: Cambridge — County: Dorchester — MARYLAND

Date 1899 — Month: June — Day: 23 — Age: Y. M. D. 18 — Native of: Cambridge — Occupation: ——

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Chas LeCompte

Mother's Name: Nora LeCompte

Cause of Death — Primary: Cyanosis

Immediate: Exhaustion

How long sick: Since birth

Accident, Suicide, Homicide

Reported by: B W Elsbrooks

Address: Cambridge Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79603

Name in Full

Certificate of Death

Lucy Laurie Leonard

Died at Town Cambridge County Dorchester MARYLAND

Date 189 9 Month June Day 11 | Age Y. 3 M. 2 D. | Native of Dorchester Co. | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living

Husband / Wife of

Father's Name Wm H Leonard

Mother's Name Martha L Deaver

Cause of Death | Primary Gastro - Enteritis | How long sick 10 days

Immediate Congestion Membranes of Brain | ~~Accident, Suicide, Homicide~~

Reported by B W Silverthorn

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full: Dorah Lommler

Certificate of Death

Died at — Town: — County: Dorchester — MARYLAND

Date 1899 — Month: June — Day: 28 — Age: Y. 12 M. D. — Native of: Ill. — Occupation:

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living

Husband / Wife of

Father's Name: Fred Lommler — Mother's Name: Amelia Lommler

Cause of Death — Primary: — Immediate: Burn — How long sick: — Accident, Suicide, Homicide:

146a

Reported by: Fred Lommler

Address: Vienna

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. A. J. Heitman

LIBRARY BUREAU, 79898

Attended by Dr. A. J. Price

of Vienna

Seen by Coroner .....

of .....

Name in Full

Certificate of Death

Cyrus N. Long.

Died at Town Cambridge County Dorchester MARYLAND

Date 1899 Month June Day 5 | Age Y. 35 M. 11 D. 4 | Native of Cambridge Md | Occupation Hostler

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 2

Husband / Wife of Sarah Pinkett

Father's Name Sam Long Mother's Name Elizabeth Long

Cause of Death: Primary Tuberculosis Pulmonary & Intestinal How long sick about one Year

Immediate E. Lawton ~~Accident, Suicide, Homicide~~

Reported by B W Goldsborough

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Florence Lynch

Certificate of Death

Town | County

Died at Whalyville Worcester MARYLAND

Date 189 9 | Month June | Day 5 | Age Y. 26 M. 6 D. 14 | Native of Maryland | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of C. Emerson Lynch

Father's Name John Powell

Mother's Name Hattie M. Powell

Cause of Death: Primary Phthis Pulmonaris

Immediate

How long sick 9 mo

~~Accident, Suicide, Homicide~~

Reported by Isaac Lyndall M.D.

Address Whalyville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. Cal. Gullett M.D.

of Mulberry, Ind.

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Ruth J. Pritchett

Certificate of Death

Died at Town Bishops Head Dor County MARYLAND

Date 1899 Month Jan Day 23 | Age Y. 1 M. 10 D. 7 | Native of Dorchester | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name James Pritchett

Mother's Name Montola Pritchett

Cause of Death: Primary Cholera infantum

Immediate

How long sick 3 days

Accident, Suicide, Homicide

Reported by A. J. Kirwan

Address Crapo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79898

Attended by Dr. L & P Jones

of

Seen by Coroner

of

Information contained in this certificate re-

ceived from

of

Name in Full — Certificate of Death

Charles Linwood Stanley

Died at — Town: Hurlock — County: Dorchester — MARYLAND

Date 1899 — Month: June — Day: 25 — Age: Y. M. D. 0 — Native of: Dorchester — Occupation: 0

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: Charles L. Stanley — Mother's Name: Mary Stanley

Cause of Death — Primary — Immediate — ~~How long sick~~ — ~~Accident, Suicide, Homicide~~

Reported by: Lizza Ann Aldridge

Address: Hurlock Dorchester Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full E. W. Tuthill

Certificate of Death

Died at Town Cambridge County Dorchester MARYLAND

Date 189 9 Month June Day 11 | Age Y. 73 M. — D. | Native of New York | Occupation Watermen

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband / Wife of Carne Memek —

Father's Name — Mother's Name —

Cause of Death: Primary Oldage. How long sick Some months

Immediate Accident, Suicide, Homicide

Reported by B W Goldsborough

Address Cambridge Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full George O. Moten

Certificate of Death

Died at Town Cambridge County Dorchester MARYLAND

Date 189 9 Month 6 Day 18 Age Y. 57 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Greensborough Free Press

Address 6-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]